

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

Rojo Two, LLC

Debtor.

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Chapter 11  
Case Number 16-54349-mlo  
Hon. Maria L. Oxholm

**DEBTOR'S MONTHLY OPERATING REPORT FOR THE PERIOD  
MARCH 1, 2018 TO MARCH 31, 2018**

/s/ Aaron J. Scheinfield  
Aaron J. Scheinfield (P67495)  
Scott M. Kwiatkowski (P67871)  
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Southfield, MI 48075  
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[scott@bk-lawyer.net](mailto:scott@bk-lawyer.net)

Dated: July 18, 2018

UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN

TRANSMITTAL OF FINANCIAL REPORTS AND  
CERTIFICATION OF COMPLIANCE WITH  
UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR

THE PERIOD ENDED: 3/3/18

In re:

Case Number: 16-54349-tjt

**ROJO TWO, LLC,**

Chapter 11

Debtor.

Hon. Thomas J. Tucker

As debtor in possession, I affirm:

1. That I have reviewed the financial statements attached hereto, consisting of:

<input checked="" type="checkbox"/> Operating Statement	(Form 2)
<input checked="" type="checkbox"/> Balance Sheet	(Form 3)
<input checked="" type="checkbox"/> Summary of Operations	(Form 4)
<input checked="" type="checkbox"/> Monthly Cash Statement	(Form 5)
<input checked="" type="checkbox"/> Statement of Compensation	(Form 6)
<input checked="" type="checkbox"/> Schedule of In-Force Insurance	(Form 7)

and that they have been prepared in accordance with normal and customary accounting practices, and fairly and accurately reflect the debtor's financial activity for the period stated;

2. That the insurance, including workers' compensation and unemployment insurance, as described in Section 5 of the Operating Instructions and Reporting Requirements For Chapter 11 Cases, is in effect; and, (If not, attach a written explanation) YES \_\_\_\_\_ NO ☒
3. That all post-petition taxes as described in Sections 9 of the Operating Instructions and Reporting Requirements For Chapter 11 cases are current. (If not, attach a written explanation) YES \_\_\_\_\_ NO ☒
4. No professional fees (attorney, accountant, etc.) have been paid without specific court authorization. (If not, attach a written explanation) YES ☒ NO \_\_\_\_\_
5. All United States Trustee Quarterly fees have been paid and are current. YES ☒ NO \_\_\_\_\_
6. Have you filed your pre-petition tax returns. (If not, attach a written explanation) YES ☒ NO \_\_\_\_\_

I hereby certify, under penalty of perjury, that the information provided above and in the attached documents is true and correct to the best of my information and belief.

Dated: 7/1/18

[Signature]  
Debtor in Possession

Manager  
Title

248-891-5726  
Phone

Form I

**OPERATING STATEMENT (P&L)**
 Period Ending: 7/18/18  
 Case No: 16-54349-tjt

	Current Month	Total Since Filing
Total Revenue/Sales	N/A	
Cost of Sales		
GROSS PROFIT		
EXPENSES:		
Officer Compensation		
Salary Expenses other Employees		
Employee Benefits & Pensions		
Payroll Taxes		
Other Taxes		
Rent and Lease Expense		
Interest Expense		
Insurance		
Automobile and Truck Expense		
Utilities (gas, electric, phone)		
Depreciation		
Travel and Entertainment		
Repairs and Maintenance		
Advertising		
Supplies, Office Expense, etc.		
Other Specify		
Other Specify		
TOTAL EXPENSES:		
NET OPERATING PROFIT/(LOSS)		
Add: Non-Operating Income:		
Interest Income		
Other Income		
Less: Non-Operating Expenses:		
Professional Fees		
Other		
NET INCOME/(LOSS)	N/A	

Form 2

## BALANCE SHEET

Period Ending: 7/31/18

Case No: 16-54349-tjt

	<u>Current Month</u>	<u>Prior Month</u>	<u>At Filing</u>
<b>ASSETS:</b>			
Cash:			
Inventory:	N/A		
Accounts Receivables:			
Insider Receivables			
Land and Buildings:			
Furniture, Fixtures & Equip:			
Accumulated Depreciation:			
Other:			
Other:			
<b>TOTAL ASSETS:</b>			
<b>LIABILITIES:</b>			
Post-petition Liabilities:			
Accounts Payable:			
Rent and Lease Payable:			
Wages and Salaries:			
Taxes Payable:			
Other:			
<b>TOTAL Post-petition Liabilities</b>			
Secured Liabilities:			
Subject to Post-petition			
Collateral or Financing Order			
All Other Secured Liabilities			
<b>TOTAL Secured Liabilities</b>			
Pre-petition Liabilities:			
Taxes & Other Priority Liabilities			
Unsecured Liabilities:			
Other:			
<b>TOTAL Pre-petition Liabilities</b>			
Equity:			
Owners Capital:			
Retained Earnings-Pre Petition.			
Retained Earnings-Post Petition.			
<b>TOTAL Equity:</b>			
<b>TOTAL LIABILITIES</b>			
<b>/AND EQUITY</b>	N/A		

Form 3

## SUMMARY OF OPERATIONS

Period Ended: 3/31/18

Case No: 16-54349-tjt

Schedule of Post-Petition Taxes Payable

	<u>Beginning Balance</u>	<u>Accrued/ Withheld</u>	<u>Payments/Deposits</u>	<u>Ending Balance</u>
Income Taxes Withheld:				
Federal:	<u>N/A</u>			
State:				
Local:				
FICA Withheld:				
Employers FICA:				
Unemployment Tax:				
Federal:				
State:				
Sales, Use & Excise Taxes:				
Property Taxes:				
Workers' Compensation				
Other:				
TOTALS:				

AGING OF ACCOUNTS RECEIVABLE  
AND POST-PETITION ACCOUNTS PAYABLE

Age in Days Post Petition	0-30	30-60	Over 60
Accounts Payable	<u>N/A</u>		
Accounts Receivable			

For all post-petition accounts payable over 30 days old, please attach a sheet listing each such account, to whom the account is owed, the date the account was opened, and the reason for non-payment of the account.

Describe events or factors occurring during this reporting period materially affecting operations and formulation of a Plan of Reorganization:

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Form 4

**MONTHLY CASH STATEMENT**Period Ending: 8/31/18

Cash Activity Analysis (Cash Basis Only):

Case No: 16-54349-tjt

	General Acct.	Payroll Acct.	Tax Acct.	Cash Coll. Acct.	Petty Cash Acct.
A. Beginning Balance	<u>N/A</u>				
B. Receipts (Attach separate schedule)					
C. Balance Available (A + B)					
D. Less Disbursements (Attach separate schedule)					
E. ENDING BALANCE (C - D)	<u>N/A</u>				

**ATTENTION:** Please enter the **TOTAL DISBURSEMENT** from all your accounts, including cash and excluding transfers, onto the line below. This is the number that will determine your quarterly fee payment. \$ \_\_\_\_\_

(PLEASE ATTACH COPIES OF MOST RECENT RECONCILED BANK STATEMENTS FROM EACH ACCOUNT)

General Account:

1. Depository Name & Location \_\_\_\_\_
2. Account Number \_\_\_\_\_

Payroll Account:

1. Depository Name & Location \_\_\_\_\_
2. Account Number \_\_\_\_\_

Tax Account:

1. Depository Name & Location \_\_\_\_\_
2. Account Number \_\_\_\_\_

Other monies on hand (specify type and location) i.e., CD's, bonds, etc.):

\_\_\_\_\_

\_\_\_\_\_

Date: 7/1/18

Debtor in Possession

Form 5

## MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Ending: 3/31/18

Case No: 16-54349-tjt

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession. (Attach additional pages if necessary.)

Name: N/A

Capacity: \_\_\_\_\_ Shareholder  
 \_\_\_\_\_ Officer  
 \_\_\_\_\_ Director  
 \_\_\_\_\_ Insider

Detailed Description of Duties: \_\_\_\_\_

## Current Compensation Paid:

Weekly

or

Monthly

## Current Benefits Paid:

Weekly

or

Monthly

Health Insurance

Life Insurance

Retirement

Company Vehicle

Entertainment

Travel

Other Benefits

Total Benefits

## Current Other Payments Paid:

Weekly

or

Monthly

Rent Paid

Loans

Other (Describe)

Other (Describe)

Other (Describe)

Total Other Payments

## CURRENT TOTAL OF ALL PAYMENTS:

Weekly

or

Monthly

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Principal, Officer, Director, or Insider

Form 6





UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

Rojo Two, LLC

Debtor.

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Chapter 11  
Case Number 16-54349-mlo  
Hon. Maria L. Oxholm

**DEBTOR'S MONTHLY OPERATING REPORT FOR THE PERIOD  
APRIL 1, 2018 TO APRIL 30, 2018**

/s/ Aaron J. Scheinfield  
Aaron J. Scheinfield (P67495)  
Scott M. Kwiatkowski (P67871)  
Attorneys for Debtor  
4000 Town Center, Suite 1200  
Southfield, MI 48075  
Phone: (248) 355-5300  
Fax: (248) 355-4644  
[aaron@bk-lawyer.net](mailto:aaron@bk-lawyer.net)  
[scott@bk-lawyer.net](mailto:scott@bk-lawyer.net)

Dated: July 18, 2018

UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN

TRANSMITTAL OF FINANCIAL REPORTS AND  
CERTIFICATION OF COMPLIANCE WITH  
UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR

THE PERIOD ENDED: 4/13/18

In re:

Case Number: 16-54349-tjt

ROJO TWO, LLC,

Chapter 11

Debtor.

Hon. Thomas J. Tucker

As debtor in possession, I affirm:

1. That I have reviewed the financial statements attached hereto, consisting of:

☒ Operating Statement (Form 2)  
☒ Balance Sheet (Form 3)  
☒ Summary of Operations (Form 4)  
☒ Monthly Cash Statement (Form 5)  
☐ Statement of Compensation (Form 6)  
☒ Schedule of In-Force Insurance (Form 7)

and that they have been prepared in accordance with normal and customary accounting practices, and fairly and accurately reflect the debtor's financial activity for the period stated;

2. That the insurance, including workers' compensation and unemployment insurance, as described in Section 5 of the Operating Instructions and Reporting Requirements For Chapter 11 Cases is in effect; and, (If not, attach a written explanation) YES \_\_\_\_\_ NO ☒
3. That all post-petition taxes as described in Sections 9 of the Operating Instructions and Reporting Requirements For Chapter 11 cases are current. (If not, attach a written explanation) YES \_\_\_\_\_ NO ☒
4. No professional fees (attorney, accountant, etc.) have been paid without specific court authorization. (If not, attach a written explanation) YES ☒ NO \_\_\_\_\_
5. All United States Trustee Quarterly fees have been paid and are current. YES ☒ NO \_\_\_\_\_
6. Have you filed your pre-petition tax returns. (If not, attach a written explanation) YES ☒ NO \_\_\_\_\_

I hereby certify, under penalty of perjury, that the information provided above and in the attached documents is true and correct to the best of my information and belief.

Dated: 7/1/18

[Signature]  
Debtor in Possession

[Signature]  
Title

248-857-5722  
Phone

Form 1

**OPERATING STATEMENT (P&L)**Period Ending: 7/18/18

Case No: 16-54349-tjt

	Current Month	Total Since Filing
Total Revenue/Sales	N/A	
Cost of Sales		
GROSS PROFIT		
EXPENSES:		
Officer Compensation		
Salary Expenses other Employees		
Employee Benefits & Pensions		
Payroll Taxes		
Other Taxes		
Rent and Lease Expense		
Interest Expense		
Insurance		
Automobile and Truck Expense		
Utilities (gas, electric, phone)		
Depreciation		
Travel and Entertainment		
Repairs and Maintenance		
Advertising		
Supplies, Office Expense, etc.		
Other Specify		
Other Specify		
TOTAL EXPENSES:		
NET OPERATING PROFIT/(LOSS)		
Add: Non-Operating Income:		
Interest Income		
Other Income		
Less: Non-Operating Expenses:		
Professional Fees		
Other		
NET INCOME/(LOSS)	N/A	

Form 2

## BALANCE SHEET

Period Ending: 4/3-18

Case No: 16-54349-tjt

	<u>Current Month</u>	<u>Prior Month</u>	<u>At Filing</u>
<b>ASSETS:</b>			
Cash:	N/A		
Inventory:			
Accounts Receivables:			
Insider Receivables			
Land and Buildings:			
Furniture, Fixtures & Equip:			
Accumulated Depreciation:			
Other:			
Other:			
<b>TOTAL ASSETS:</b>			
<b>LIABILITIES:</b>			
Post-petition Liabilities:			
Accounts Payable:			
Rent and Lease Payable:			
Wages and Salaries:			
Taxes Payable:			
Other:			
<b>TOTAL Post-petition Liabilities</b>			
Secured Liabilities:			
Subject to Post-petition			
Collateral or Financing Order			
All Other Secured Liabilities			
<b>TOTAL Secured Liabilities</b>			
Pre-petition Liabilities:			
Taxes & Other Priority Liabilities			
Unsecured Liabilities:			
Other:			
<b>TOTAL Pre-petition Liabilities</b>			
<b>Equity:</b>			
Owners Capital:			
Retained Earnings-Pre Petition.			
Retained Earnings-Post Petition.			
<b>TOTAL Equity:</b>			
<b>TOTAL LIABILITIES</b>			
<b>/AND EQUITY</b>	N/A		

Form 3

## SUMMARY OF OPERATIONS

Period Ended:

4/3-18

Case No: 16-54349-tjt

## Schedule of Post-Petition Taxes Payable

	<u>Beginning Balance</u>	<u>Accrued/ Withheld</u>	<u>Payments/Deposits</u>	<u>Ending Balance</u>
Income Taxes Withheld:				
Federal:	N/A			
State:				
Local:				
FICA Withheld:				
Employers FICA:				
Unemployment Tax:				
Federal:				
State:				
Sales, Use & Excise Taxes:				
Property Taxes:				
Workers' Compensation				
Other:				
TOTALS:				

AGING OF ACCOUNTS RECEIVABLE  
AND POST-PETITION ACCOUNTS PAYABLE

Age in Days Post Petition	0-30	30-60	Over 60
Accounts Payable	N/A		
Accounts Receivable			

For all post-petition accounts payable over 30 days old, please attach a sheet listing each such account, to whom the account is owed, the date the account was opened, and the reason for non-payment of the account.

Describe events or factors occurring during this reporting period materially affecting operations and formulation of a Plan of Reorganization:

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Form 4

**MONTHLY CASH STATEMENT**Period Ending: 4/3-1/18

Cash Activity Analysis (Cash Basis Only):

Case No: 16-54349-tjt

	<u>General Acct.</u>	<u>Payroll Acct.</u>	<u>Tax Acct.</u>	<u>Cash Coll. Acct.</u>	<u>Petty Cash Acct.</u>
A. Beginning Balance	<u>N/A</u>				
B. Receipts (Attach separate schedule)					
C. Balance Available (A + B)					
D. Less Disbursements (Attach separate schedule)					
E. ENDING BALANCE (C - D)	<u>N/A</u>				

**ATTENTION:** Please enter the **TOTAL DISBURSEMENT** from all your accounts, including cash and excluding transfers, onto the line below. This is the number that will determine your quarterly fee payment. \$ \_\_\_\_\_

(PLEASE ATTACH COPIES OF MOST RECENT RECONCILED BANK STATEMENTS FROM EACH ACCOUNT)

General Account:

1. Depository Name & Location \_\_\_\_\_
2. Account Number \_\_\_\_\_

Payroll Account:

1. Depository Name & Location \_\_\_\_\_
2. Account Number \_\_\_\_\_

Tax Account:

1. Depository Name & Location \_\_\_\_\_
2. Account Number \_\_\_\_\_

Other monies on hand (specify type and location) i.e., CD's, bonds, etc.):

\_\_\_\_\_

\_\_\_\_\_

Date: 7/1/18

Debtor in Possession

Form 5

## MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Ending: 4/13/18

Case No: 16-54349-tjt

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession. (Attach additional pages if necessary.)

Name: N/A

Capacity: \_\_\_\_\_ Shareholder  
 \_\_\_\_\_ Officer  
 \_\_\_\_\_ Director  
 \_\_\_\_\_ Insider

Detailed Description of Duties: \_\_\_\_\_

**Current Compensation Paid:** \_\_\_\_\_ Weekly \_\_\_\_\_ or \_\_\_\_\_ Monthly \_\_\_\_\_

**Current Benefits Paid:** \_\_\_\_\_ Weekly \_\_\_\_\_ or \_\_\_\_\_ Monthly \_\_\_\_\_

Health Insurance	_____	_____
Life Insurance	_____	_____
Retirement	_____	_____
Company Vehicle	_____	_____
Entertainment	_____	_____
Travel	_____	_____
Other Benefits	_____	_____
Total Benefits	_____	_____

**Current Other Payments Paid:** \_\_\_\_\_ Weekly \_\_\_\_\_ or \_\_\_\_\_ Monthly \_\_\_\_\_

Rent Paid	_____	_____
Loans	_____	_____
Other (Describe)	_____	_____
Other (Describe)	_____	_____
Other (Describe)	_____	_____
Total Other Payments	_____	_____

**CURRENT TOTAL OF ALL PAYMENTS:** \_\_\_\_\_ Weekly \_\_\_\_\_ or \_\_\_\_\_ Monthly \_\_\_\_\_

Dated: 7/11/18

\_\_\_\_\_  
 Principal, Officer, Director, or Insider

Form 6

## SCHEDULE OF IN-FORCE INSURANCE

Period Ending: 4/30/18

Case No: 16-54349-tjt

<u>INSURANCE TYPE</u>	<u>CARRIER</u>	<u>EXPIRATION DATE</u>
<u>Workers' Compensation</u>	<u>N/A</u>	<u></u>
<u>General Business Policy</u>	<u>N/A</u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
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<u></u>	<u></u>	<u></u>
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<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

Form 7



UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

Rojo Two, LLC

Debtor.

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Chapter 11  
Case Number 16-54349-mlo  
Hon. Maria L. Oxholm

**DEBTOR'S MONTHLY OPERATING REPORT FOR THE PERIOD  
MAY 1, 2018 TO MAY 31, 2018**

/s/ Aaron J. Scheinfield  
Aaron J. Scheinfield (P67495)  
Scott M. Kwiatkowski (P67871)  
Attorneys for Debtor  
4000 Town Center, Suite 1200  
Southfield, MI 48075  
Phone: (248) 355-5300  
Fax: (248) 355-4644  
[aaron@bk-lawyer.net](mailto:aaron@bk-lawyer.net)  
[scott@bk-lawyer.net](mailto:scott@bk-lawyer.net)

Dated: July 18, 2018

UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN

TRANSMITTAL OF FINANCIAL REPORTS AND  
CERTIFICATION OF COMPLIANCE WITH  
UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR

THE PERIOD ENDED: 5/31/18

In re:

Case Number: 16-54349-tjt

**ROJO TWO, LLC,**

Chapter 11

Debtor.

Hon. Thomas J. Tucker

As debtor in possession, I affirm:

1. That I have reviewed the financial statements attached hereto, consisting of:

<input checked="" type="checkbox"/> Operating Statement	(Form 2)
<input checked="" type="checkbox"/> Balance Sheet	(Form 3)
<input checked="" type="checkbox"/> Summary of Operations	(Form 4)
<input checked="" type="checkbox"/> Monthly Cash Statement	(Form 5)
<input checked="" type="checkbox"/> Statement of Compensation	(Form 6)
<input checked="" type="checkbox"/> Schedule of In-Force Insurance	(Form 7)

and that they have been prepared in accordance with normal and customary accounting practices, and fairly and accurately reflect the debtor's financial activity for the period stated;

2. That the insurance, including workers' compensation and unemployment insurance, as described in Section 5 of the Operating Instructions and Reporting Requirements For Chapter 11 Cases is in effect; and, (If not, attach a written explanation) YES \_\_\_\_\_ NO ☒
3. That all post-petition taxes as described in Sections 9 of the Operating Instructions and Reporting Requirements For Chapter 11 cases are current. (If not, attach a written explanation) YES \_\_\_\_\_ NO ☒
4. No professional fees (attorney, accountant, etc.) have been paid without specific court authorization. (If not, attach a written explanation) YES ☒ NO \_\_\_\_\_
5. All United States Trustee Quarterly fees have been paid and are current. YES ☒ NO \_\_\_\_\_
6. Have you filed your pre-petition tax returns. (If not, attach a written explanation) YES ☒ NO \_\_\_\_\_

I hereby certify, under penalty of perjury, that the information provided above and in the attached documents is true and correct to the best of my information and belief.

Dated: 7/1/18

[Signature]  
Debtor in Possession

[Signature]  
Title

248-581-5722  
Phone

Form 1

**OPERATING STATEMENT (P&L)**  
 Period Ending: 5/31/18  
 Case No: 16-54349-tjt

	Current Month	Total Since Filing
Total Revenue/Sales	<u>N/A</u>	
Cost of Sales		
GROSS PROFIT		
EXPENSES:		
Officer Compensation		
Salary Expenses other Employees		
Employee Benefits & Pensions		
Payroll Taxes		
Other Taxes		
Rent and Lease Expense		
Interest Expense		
Insurance		
Automobile and Truck Expense		
Utilities (gas, electric, phone)		
Depreciation		
Travel and Entertainment		
Repairs and Maintenance		
Advertising		
Supplies, Office Expense, etc.		
Other Specify		
Other Specify		
TOTAL EXPENSES:		
NET OPERATING PROFIT/(LOSS)		
Add: Non-Operating Income:		
Interest Income		
Other Income		
Less: Non-Operating Expenses:		
Professional Fees		
Other		
NET INCOME/(LOSS)	<u>N/A</u>	

Form 2

## BALANCE SHEET

Period Ending: 5/31/18

Case No: 16-54349-tjt

	<u>Current Month</u>	<u>Prior Month</u>	<u>At Filing</u>
<b>ASSETS:</b>			
Cash:	N/A		
Inventory:			
Accounts Receivables:			
Insider Receivables			
Land and Buildings:			
Furniture, Fixtures & Equip:			
Accumulated Depreciation:			
Other:			
Other:			
<b>TOTAL ASSETS:</b>			
<b>LIABILITIES:</b>			
<b>Post-petition Liabilities:</b>			
Accounts Payable:			
Rent and Lease Payable:			
Wages and Salaries:			
Taxes Payable:			
Other:			
<b>TOTAL Post-petition Liabilities</b>			
<b>Secured Liabilities:</b>			
Subject to Post-petition			
Collateral or Financing Order			
All Other Secured Liabilities			
<b>TOTAL Secured Liabilities</b>			
<b>Pre-petition Liabilities:</b>			
Taxes & Other Priority Liabilities			
<b>Unsecured Liabilities:</b>			
Other:			
<b>TOTAL Pre-petition Liabilities</b>			
<b>Equity:</b>			
Owners Capital:			
Retained Earnings-Pre Petition.			
Retained Earnings-Post Petition.			
<b>TOTAL Equity:</b>			
<b>TOTAL LIABILITIES</b>			
<b>/AND EQUITY</b>	N/A		

Form 3

## SUMMARY OF OPERATIONS

Period Ended: 5/31/18

Case No: 16-54349-tjt

Schedule of Post-Petition Taxes Payable

	<u>Beginning Balance</u>	<u>Accrued/ Withheld</u>	<u>Payments/Deposits</u>	<u>Ending Balance</u>
<b>Income Taxes Withheld:</b>				
Federal:	<u>N/A</u>			
State:				
Local:				
<b>FICA Withheld:</b>				
Employers FICA:				
<b>Unemployment Tax:</b>				
Federal:				
State:				
<b>Sales, Use &amp; Excise Taxes:</b>				
<b>Property Taxes:</b>				
<b>Workers' Compensation</b>				
<b>Other:</b>				
<b>TOTALS:</b>				

AGING OF ACCOUNTS RECEIVABLE  
AND POST-PETITION ACCOUNTS PAYABLE

Age in Days Post Petition	0-30	30-60	Over 60
Accounts Payable	<u>N/A</u>		
Accounts Receivable			

For all post-petition accounts payable over 30 days old, please attach a sheet listing each such account, to whom the account is owed, the date the account was opened, and the reason for non-payment of the account.

Describe events or factors occurring during this reporting period materially affecting operations and formulation of a Plan of Reorganization:

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Form 4

## MONTHLY CASH STATEMENT

Period Ending: 5/31/18

Cash Activity Analysis (Cash Basis Only):

Case No: 16-54349-tjt

	General Acct.	Payroll Acct.	Tax Acct.	Cash Coll. Acct.	Petty Cash Acct.
A. Beginning Balance	<u>N/A</u>				
B. Receipts (Attach separate schedule)					
C. Balance Available (A + B)					
D. Less Disbursements (Attach separate schedule)					
E. ENDING BALANCE (C - D)	<u>N/A</u>				

**ATTENTION:** Please enter the **TOTAL DISBURSEMENT** from all your accounts, including cash and excluding transfers, onto the line below. This is the number that will determine your quarterly fee payment. \$ \_\_\_\_\_

(PLEASE ATTACH COPIES OF MOST RECENT RECONCILED BANK STATEMENTS FROM EACH ACCOUNT)

General Account:

1. Depository Name & Location \_\_\_\_\_
2. Account Number \_\_\_\_\_

Payroll Account:

1. Depository Name & Location \_\_\_\_\_
2. Account Number \_\_\_\_\_

Tax Account:

1. Depository Name & Location \_\_\_\_\_
2. Account Number \_\_\_\_\_

Other monies on hand (specify type and location) i.e., CD's, bonds, etc.):

\_\_\_\_\_

\_\_\_\_\_

Date: 7/1/18

Debtor in Possession

Form 5

**MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS**Period Ending: 5/31/18

Case No: 16-54349-tjt .

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession. (Attach additional pages if necessary.)

Name: N/A

Capacity: \_\_\_\_\_ Shareholder  
 \_\_\_\_\_ Officer  
 \_\_\_\_\_ Director  
 \_\_\_\_\_ Insider

Detailed Description of Duties: \_\_\_\_\_

<b>Current Compensation Paid:</b>	Weekly	or	Monthly
-----------------------------------	--------	----	---------

_____	_____	_____	_____
-------	-------	-------	-------

<b>Current Benefits Paid:</b>	Weekly	or	Monthly
-------------------------------	--------	----	---------

_____	_____	_____	_____
-------	-------	-------	-------

Health Insurance

_____	_____	_____	_____
-------	-------	-------	-------

Life Insurance

_____	_____	_____	_____
-------	-------	-------	-------

Retirement

_____	_____	_____	_____
-------	-------	-------	-------

Company Vehicle

_____	_____	_____	_____
-------	-------	-------	-------

Entertainment

_____	_____	_____	_____
-------	-------	-------	-------

Travel

_____	_____	_____	_____
-------	-------	-------	-------

Other Benefits

_____	_____	_____	_____
-------	-------	-------	-------

Total Benefits

_____	_____	_____	_____
-------	-------	-------	-------

<b>Current Other Payments Paid:</b>	Weekly	or	Monthly
-------------------------------------	--------	----	---------

_____	_____	_____	_____
-------	-------	-------	-------

Rent Paid

_____	_____	_____	_____
-------	-------	-------	-------

Loans

_____	_____	_____	_____
-------	-------	-------	-------

Other (Describe)

_____	_____	_____	_____
-------	-------	-------	-------

Other (Describe)

_____	_____	_____	_____
-------	-------	-------	-------

Other (Describe)

_____	_____	_____	_____
-------	-------	-------	-------

Total Other Payments

<b>CURRENT TOTAL OF ALL PAYMENTS:</b>	Weekly	or	Monthly
---------------------------------------	--------	----	---------

_____	_____	_____	_____
-------	-------	-------	-------

Dated: 7/1/18

\_\_\_\_\_  
 Principal, Officer, Director, or Insider

Form 6

### SCHEDULE OF IN-FORCE INSURANCE

Period Ending: 5/31/18

Case No: 16-54349-tjt

[illegible]

Form 7



UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

Rojo Two, LLC

Debtor.

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Chapter 11  
Case Number 16-54349-mlo  
Hon. Maria L. Oxholm

**DEBTOR'S MONTHLY OPERATING REPORT FOR THE PERIOD  
JUNE 1, 2018 TO JUNE 30, 2018**

/s/ Aaron J. Scheinfield  
Aaron J. Scheinfield (P67495)  
Scott M. Kwiatkowski (P67871)  
Attorneys for Debtor  
4000 Town Center, Suite 1200  
Southfield, MI 48075  
Phone: (248) 355-5300  
Fax: (248) 355-4644  
[aaron@bk-lawyer.net](mailto:aaron@bk-lawyer.net)  
[scott@bk-lawyer.net](mailto:scott@bk-lawyer.net)

Dated: July 18, 2018

UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN

TRANSMITTAL OF FINANCIAL REPORTS AND  
CERTIFICATION OF COMPLIANCE WITH  
UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR

THE PERIOD ENDED: 6/30/18

In re:

Case Number: 16-54349-tjt

**ROJO TWO, LLC,**

Chapter 11

Debtor.

Hon. Thomas J. Tucker

As debtor in possession, I affirm:

1. That I have reviewed the financial statements attached hereto, consisting of:

<input checked="" type="checkbox"/> Operating Statement	(Form 2)
<input checked="" type="checkbox"/> Balance Sheet	(Form 3)
<input checked="" type="checkbox"/> Summary of Operations	(Form 4)
<input checked="" type="checkbox"/> Monthly Cash Statement	(Form 5)
<input type="checkbox"/> Statement of Compensation	(Form 6)
<input checked="" type="checkbox"/> Schedule of In-Force Insurance	(Form 7)

and that they have been prepared in accordance with normal and customary accounting practices, and fairly and accurately reflect the debtor's financial activity for the period stated;

2. That the insurance, including workers' compensation and unemployment insurance, as described in Section 5 of the Operating Instructions and Reporting Requirements For Chapter 11 Cases is in effect; and, (If not, attach a written explanation) YES \_\_\_\_\_ NO ☒
3. That all post-petition taxes as described in Sections 9 of the Operating Instructions and Reporting Requirements For Chapter 11 cases are current. (If not, attach a written explanation) YES \_\_\_\_\_ NO ☒
4. No professional fees (attorney, accountant, etc.) have been paid without specific court authorization. (If not, attach a written explanation) YES ☒ NO \_\_\_\_\_
5. All United States Trustee Quarterly fees have been paid and are current. YES ☒ NO \_\_\_\_\_
6. Have you filed your pre-petition tax returns. (If not, attach a written explanation) YES ☒ NO \_\_\_\_\_

I hereby certify, under penalty of perjury, that the information provided above and in the attached documents is true and correct to the best of my information and belief.

Dated: 7/1/18

[Signature]  
Debtor in Possession

M. R. R.  
Title

248-391-8721  
Phone

Form 1

**OPERATING STATEMENT (P&L)**

Period Ending:

6/30/18  
Case No: 16-54349-tjt

	Current Month	Total Since Filing
Total Revenue/Sales	N/A	
Cost of Sales		
GROSS PROFIT		
EXPENSES:		
Officer Compensation		
Salary Expenses other Employees		
Employee Benefits & Pensions		
Payroll Taxes		
Other Taxes		
Rent and Lease Expense		
Interest Expense		
Insurance		
Automobile and Truck Expense		
Utilities (gas, electric, phone)		
Depreciation		
Travel and Entertainment		
Repairs and Maintenance		
Advertising		
Supplies, Office Expense, etc.		
Other Specify		
Other Specify		
TOTAL EXPENSES:		
NET OPERATING PROFIT/(LOSS)		
Add: Non-Operating Income:		
Interest Income		
Other Income		
Less: Non-Operating Expenses:		
Professional Fees		
Other		
NET INCOME/(LOSS)	N/A	

Form 2

## BALANCE SHEET

Period Ending: 6/30/18

Case No: 16-54349-tjt

	<u>Current Month</u>	<u>Prior Month</u>	<u>At Filing</u>
<b>ASSETS:</b>			
Cash:	N/A		
Inventory:			
Accounts Receivables:			
Insider Receivables			
Land and Buildings:			
Furniture, Fixtures & Equip:			
Accumulated Depreciation:			
Other:			
Other:			
<b>TOTAL ASSETS:</b>			
<b>LIABILITIES:</b>			
Post-petition Liabilities:			
Accounts Payable:			
Rent and Lease Payable:			
Wages and Salaries:			
Taxes Payable:			
Other:			
<b>TOTAL Post-petition Liabilities</b>			
Secured Liabilities:			
Subject to Post-petition			
Collateral or Financing Order			
All Other Secured Liabilities			
<b>TOTAL Secured Liabilities</b>			
Pre-petition Liabilities:			
Taxes & Other Priority Liabilities			
Unsecured Liabilities:			
Other:			
<b>TOTAL Pre-petition Liabilities</b>			
Equity:			
Owners Capital:			
Retained Earnings-Pre Petition.			
Retained Earnings-Post Petition.			
<b>TOTAL Equity:</b>			
<b>TOTAL LIABILITIES</b>			
<b>/AND EQUITY</b>	N/A		

Form 3

## SUMMARY OF OPERATIONS

Period Ended: 6/7-18

Case No: 16-54349-tjt

Schedule of Post-Petition Taxes Payable

	<u>Beginning Balance</u>	<u>Accrued/ Withheld</u>	<u>Payments/Deposits</u>	<u>Ending Balance</u>
Income Taxes Withheld:				
Federal:	<u>N/A</u>			
State:				
Local:				
FICA Withheld:				
Employers FICA:				
Unemployment Tax:				
Federal:				
State:				
Sales, Use & Excise Taxes:				
Property Taxes:				
Workers' Compensation				
Other:				
TOTALS:				

AGING OF ACCOUNTS RECEIVABLE  
AND POST-PETITION ACCOUNTS PAYABLE

Age in Days Post Petition	0-30	30-60	Over 60
Accounts Payable	<u>N/A</u>		
Accounts Receivable			

For all post-petition accounts payable over 30 days old, please attach a sheet listing each such account, to whom the account is owed, the date the account was opened, and the reason for non-payment of the account.

Describe events or factors occurring during this reporting period materially affecting operations and formulation of a Plan of Reorganization:

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Form 4

**MONTHLY CASH STATEMENT**Period Ending: 6/30/18

Cash Activity Analysis (Cash Basis Only):

Case No: 16-54349-tjt

	<u>General Acct.</u>	<u>Payroll Acct.</u>	<u>Tax Acct.</u>	<u>Cash Coll. Acct.</u>	<u>Petty Cash Acct.</u>
A. Beginning Balance	<u>N/A</u>				
B. Receipts (Attach separate schedule)					
C. Balance Available (A + B)					
D. Less Disbursements (Attach separate schedule)					
E. ENDING BALANCE (C - D)	<u>N/A</u>				

**ATTENTION:** Please enter the **TOTAL DISBURSEMENT** from all your accounts, including cash and excluding transfers, onto the line below. This is the number that will determine your quarterly fee payment. \$ \_\_\_\_\_

(PLEASE ATTACH COPIES OF MOST RECENT RECONCILED BANK STATEMENTS FROM EACH ACCOUNT)

General Account:

1. Depository Name & Location \_\_\_\_\_
2. Account Number \_\_\_\_\_

Payroll Account:

1. Depository Name & Location \_\_\_\_\_
2. Account Number \_\_\_\_\_

Tax Account:

1. Depository Name & Location \_\_\_\_\_
2. Account Number \_\_\_\_\_

Other monies on hand (specify type and location) i.e., CD's, bonds, etc.):

\_\_\_\_\_

\_\_\_\_\_

Date: 7/1/18

\_\_\_\_\_  
Debtor in Possession

Form 5

**MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS**Period Ending: 6/3-18

Case No: 16-54349-tjt

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession. (Attach additional pages if necessary.)

Name: N/A

Capacity: ☐ Shareholder  
☐ Officer  
☐ Director  
☐ Insider

Detailed Description of Duties: \_\_\_\_\_

<b>Current Compensation Paid:</b>	Weekly	or	Monthly
	_____		_____

<b>Current Benefits Paid:</b>	Weekly	or	Monthly
	_____		_____

Health Insurance	_____	_____
Life Insurance	_____	_____
Retirement	_____	_____
Company Vehicle	_____	_____
Entertainment	_____	_____
Travel	_____	_____
Other Benefits	_____	_____
Total Benefits	_____	_____

<b>Current Other Payments Paid:</b>	Weekly	or	Monthly
	_____		_____

Rent Paid	_____	_____
Loans	_____	_____
Other (Describe)	_____	_____
Other (Describe)	_____	_____
Other (Describe)	_____	_____
Total Other Payments	_____	_____

<b>CURRENT TOTAL OF ALL PAYMENTS:</b>	Weekly	or	Monthly
	_____		_____

Dated: 7/1/18

\_\_\_\_\_  
Principal, Officer, Director, or Insider

Form 6

**SCHEDULE OF IN-FORCE INSURANCE**Period Ending: 6/30/18

Case No: 16-54349-tjt

<u>INSURANCE TYPE</u>	<u>CARRIER</u>	<u>EXPIRATION DATE</u>
<u>Workers' Compensation</u>	<u>N/A</u>	<u></u>
<u>General Business Policy</u>	<u>N/A</u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
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Form 7